

OCT 29 2004

FROM : FRZ ZENHAUSERNpha MDS,SA

PHONE NO. : 908 904 0503

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PTO/SB/82 (09-01)

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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/332,659
Filing Date	June 14, 1999
First Named Inventor	Frederic Zenhausern
Art Unit	1634
Examiner Name	
Attorney Docket Number	4467-102US

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patrick H. Higgins		
Address	Fox Rothschild LLP		
Address	907 Lenox Drive, Building 3		
City	Lawrenceville	State	NJ
Country		Zip	08648
Telephone	609-896-7654	Fax	609-896-1469

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)**SIGNATURE of Applicant or Assignee of Record**

Name	Frederic Zenhausern		
Signature	<i>F. Zenhausern</i>		
Date	10/17/04	Telephone	480-727-8187

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PHONE NO. : 908 904 0503

Oct. 16 2004 03:11PM P6

PTO/SB/31 (08-04)
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 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	09/332,659
Filing Date	June 14, 1999
First Named Inventor	Frederic Zenhausern
Title	Apparatus and Method for Monitoring...
Art Unit	1634
Examiner Name	
Attorney Docket Number	4467-102US

I hereby appoint:

☐ Practitioner associated with the Customer Number.

☒ Practitioner(s) named below.

Name	Registration Number
Patrick H. Higgins	39,709

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number.

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<input checked="" type="checkbox"/> Firm or Individual Name	Patrick H. Higgins				
Address	997 Lenox Drive, Building 3				
Address					
City	Lawrenceville	State	NJ	Zip	08648
Country					
Telephone	609-896-7654	Fax	609-896-1469		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Frederic Zenhausern</i>		
Name	Frederic Zenhausern	Date	10/17/04
Title and Company		Telephone	480-727-8187

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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